

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	<b>1. TRANSMITTAL NUMBER:</b> 0 3 _ 0 3 _	<b>2. STATE:</b> New Jersey
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> January 1, 2003	

**5. TYPE OF PLAN MATERIAL (Check One):**

☐ NEW STATE PLAN
 ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN
 ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

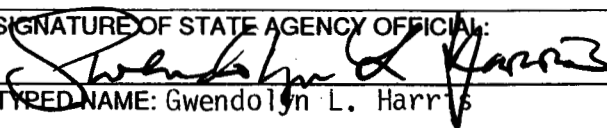
<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> 42 U.S.C. 9902(2)	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY2003 \$ -0- b. FFY2004 \$ -0-
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Attachment 2.6-A, Supplement 6 Attachment 2.6-A, Chart 2	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Same <i>New Jersey (03-03)</i> <i>Approved: 05/22/03</i> <i>Effective: 01/01/03</i>


**10. SUBJECT OF AMENDMENT:** 2003 Revisions to the Eligibility Income Standard; Medicaid Cap

**11. GOVERNOR'S REVIEW (Check One):**

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt, pursuant to 7.4 of the State Plan

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 	<b>16. RETURN TO:</b> Div of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, N.J. 08625-0712
<b>13. TYPED NAME:</b> Gwendolyn L. Harris	
<b>14. TITLE:</b> Commissioner	
<b>15. DATE SUBMITTED:</b>	

<b>17. DATE RECEIVED:</b>	
<b>18. PLAN APPROVED - ONE COPY TO BE MAINTAINED:</b>	
<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> January 1, 2003	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>21. TYPED NAME:</b> Sue Kelly	<b>22. TITLE:</b> Associate Regional Administrator Division of Medicaid and State Operations
<b>23. REMARKS:</b>	

**State:** New Jersey

**Standards for Optional State Supplementary Payments**

Payment Category Reasonable Classification	Administered by		Income Level Gross		Net		Income Disregards Employed
	Federal	State	1 person	Couple	1 person	Couple	
(1)	(2)		(3)		(4)		(5)
Residential Health Care Facility	X		300%FBR	300%FBR	\$702.05	\$1385.36	SSI
Living Alone or Living with Others	X		300%FBR	300%FBR	\$583.25	\$854.36	SSI
Living in Household of Another Receiving Support and Maintenance	X		300%FBR	300%FBR	\$412.31	\$645.76	SSI
Title XIX Approved Facility	X		300%FBR		\$40.00		

03-03-MA(NJ)

Supersedes 02-03

STATE OF NEW JERSEY  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
INCOME STANDARDS FOR MEDICAID ONLY PROGRAM  
EFFECTIVE JANUARY 1, 2003

Variations in Living Arrangements	Medicaid Eligibility Income Standard
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Residential Health Care Facility	
Eligible Person	702.05
Eligible Couple	1385.36
Living Alone or Living with Others	
Eligible Person	583.25
Eligible Couple	854.36
Eligible Individual with Ineligible Spouse Only	854.36
Living in Household of Another Receiving Support and Maintenance	
Eligible Person	412.31
Eligible Couple	645.76
Title XIX Approved Facility - includes person in acute care hospital, nursing facility, ICF/MR, licensed special hospital (Class A, B, C) and Title XIX psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month	1,656.00

The Medicaid "cap" is applied to gross  
income (i.e., income prior to application of income exclusion).

03-03-MA(NJ)

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Supersedes 02-03

**Attachment 2.6-A  
Supplement 6**

**State:** New Jersey

**Standards for Optional State Supplementary Payments**

Payment Category  Reasonable Classification	Administered by		Income Level		Income	
	Gross		Net		Disregards Employed	
	Federal	State	1 person	Couple	1 person	Couple
(1)	(2)		(3)		(4)	(5)
Residential Health Care Facility SSI	X		300%FBR	300%FBR	\$[695.05] <u>702.05</u>	\$[1371.36] <u>1385.36</u>
Living Alone or Living with Others SSI	X		300%FBR	300%FBR	\$[576.25] <u>583.25</u>	\$[842.36] <u>854.36</u>
Living in Household of Another, Receiving Support and Maintenance SSI	X		300%FBR	300%FBR	\$[407.65] <u>412.31</u>	\$[637.76] <u>645.76</u>
Title XIX Approved Facility	X		300%FBR		\$40.00	

03-03-MA(NJ)

Supersedes 02-03

**OFFICIAL****Attachment 2.6-A  
Chart 2**

**STATE OF NEW JERSEY  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
INCOME STANDARDS FOR MEDICAID ONLY PROGRAM  
EFFECTIVE JANUARY 1, [2002] 2003**

<b>Variations in Living Arrangements</b>	<b>Medicaid Eligibility Income Standard</b>
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**Residential Health Care Facility**

Eligible Person	[695.05] <b><u>702.05</u></b>
Eligible Couple	[1371.36] <b><u>1385.36</u></b>

**Living Alone or Living with Others**

Eligible Person	[576.25] <b><u>583.25</u></b>
Eligible Couple	[842.36] <b><u>854.36</u></b>
Eligible Individual with Ineligible Spouse Only	[842.36] <b><u>854.36</u></b>

**Living in Household of Another****Receiving Support and Maintenance**

Eligible Person	[407.65] <b><u>412.31</u></b>
Eligible Couple	[637.76] <b><u>645.76</u></b>

**Title XIX Approved Facility - includes  
person in acute care hospital,  
nursing facility, ICF/MR, licensed  
special hospital (Class A, B, C)  
and Title XIX psychiatric hospital  
(for persons under 21 and 65 and  
over) or a combination of these  
facilities for a full calendar month**

[1,635.00] **1656.00**

The Medicaid "cap" is applied to gross  
income (i.e., income prior to application  
of income exclusion).

03-03-MA(NJ)

Supersedes 02-03

STATE OF NEW JERSEY  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
INCOME STANDARDS FOR MEDICAID ONLY PROGRAM  
EFFECTIVE January 1, 2002

Variations in Living Arrangements	Medicaid Eligibility Income Standard
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Residential Health Care Facility	
Eligible Person	695.05
Eligible Couple	1371.36
Living Alone or Living with Others	
Eligible Person	576.25
Eligible Couple	842.36
Eligible Individual with Ineligible Spouse Only	842.36
Living in Household of Another Receiving Support and Maintenance	
Eligible Person	407.65
Eligible Couple	637.76
Title XIX Approved Facility - includes person in acute care hospital, nursing facility, ICF/MR, licensed special hospital (Class A, B, C) and Title XIX psychiatric hospital (for persons under 21 and 65 and over) or a combination of these facilities for a full calendar month	1,635.00

The Medicaid "cap" is applied to gross income (i.e., income prior to application of income exclusion).

02-03-(MA)

Supersedes 01-07-MA

TN 02-03 Approval Date MAY 13 2002  
Supersedes TN 01-07 Effective Date MAY 01 2002

# OFFICIAL

Attachment 2.6-A  
Supplement 6

State: New Jersey

## Standards for Optional State Supplementary Payments

Payment Category Reasonable Classification	Administered by		Income Level Gross		Net		Income Disregards Employed	
	Federal	State	1 person	Couple	1 person	Couple		
(1)	(2)		(3)		(4)			(5)
Residential Health Care Facility	X		300%FBR	300%FBR	\$695.05	\$1371.36		SSI
Living Alone or Living with Others	X		300%FBR	300%FBR	\$576.25	\$842.36		SSI
Living in Household of Another Receiving Support and Maint- enance	X		300%FBR	300%FBR	\$407.65	\$637.76		SSI
Title XIX Approved Facility	X		300%FBR		\$40.00			

02-03-(MA)

Supersedes 01-07-MA

TN 02-03 Approval Date MAY 13 2002

Supersedes TN 01-07 Effective Date JAN 01 2002